

DEPARTMENT OF AGRICULTURE AND INDUSTRIES State Veterinarian's Office





(334) 240-7253

1445 Federal Drive • Montgomery, Alabama 36107-1123 1-800-642-7761, Ext. 7253

RE: ALABAMA CHRONIC WASTING DISEASE MONITORING PROGRAM

Enclosed are the Alabama Chronic Wasting Disease Monitoring Program Materials that you will need to complete in order to be enrolled in the program. Please read the requirements carefully. Complete the Application for Participation and record your complete current herd inventory. Return your Application to the Alabama Department of Agriculture and Industries, Office of the State Veterinarian. Please keep in mind that you will need to have your herd veterinarian provide us with an annual signed statement regarding your herd health status as it pertains to Chronic Wasting Disease. This must be submitted at the same time as the rest of your enrollment materials.

Also enclosed is a copy of the Death Loss Report Form. Please use this form to record deaths in your herd and subsequent lab results. Please duplicate as many copies of this form as needed. To record inventory, acquisitions, sales, transfers or escapes use the Licensed Cervidae Breeder Inventory Record provided by the Alabama Department of Conservation and Natural Resources.

Send all enrollment materials to:

Alabama Department of Agriculture and Industries Office of the State Veterinarian 1445 Federal Drive Montgomery, AL 36107

Fax: 334-240-7198

Email: stvet@agi.alabama.gov

If there are any questions regarding the Alabama Chronic Wasting Disease Monitoring Program, please contact our office at: 334-240-7253.

Sincerely, Tony Frazier, DVM Alabama State Veterinarian



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Alabama Chronic Wasting Disease Monitoring Program

Background

Chronic Wasting Disease is a transmissible spongiform encephalopathy (TSE) found to affect animals in the family Cervidae. It is believed to be caused by an infectious prion or protein and has a long incubation period. There are currently no approved live animal tests for the disease. Diagnosis is through histopathology and immunochemistry; therefore, diagnosis requires the examination of brain tissue.

Chronic Wasting Disease Monitoring Program

The following requirements are for participation in the Alabama Chronic Wasting Disease Monitoring Program. The following requirements are applicable for all animals included in the family Cervidae.

Requirements for Chronic Wasting Disease Monitoring Program

1. Herd owner must submit a written application provided by the Alabama Department of Agriculture and Industries (ADAI) to the State Veterinarian.

Enrollment date, for the purpose of determining herd status, shall be the date the program application is signed by the State Veterinarian.

- 2. Maintain perimeter fencing adequate to prevent entrance or outlets of cervids.
- 3. Furnish ADAI the address, Global Positioning System (GPS) location of the premises, Premises ID number, as well as a map of the premises showing the perimeter fence and all interior fences. Also furnish to ADAI an updated map within 30 days when fences are added or removed.
- 4. Identify each cervid as specified by the Alabama State Department of Conservation and Natural Resources (ADCNR).



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- 5. Report all death losses of cervids that die of any cause on the Death Loss Report Form. Unless otherwise directed by the ADAI and the ADCNR, submit proper tissue samples for diagnostic purposes from cervids that die that are over 12 months of age. These samples must be collected by an accredited veterinarian or the Alabama Department of Agriculture and Industries and submitted to the State Diagnostic Laboratory. Death Loss Report form must be kept for 5 years.
- 6. Herd records will be maintained that include each animal. This will include the Death Loss Report Form with laboratory necropsy reports on animals that die on the farm that are over 12 months of age, as well as events such as co-mingling with wild cervids.
- 7. Annual examination of the animals in the herd for clinical signs of central nervous system disease or Chronic Wasting Disease will be performed by an accredited veterinarian.
- 8. Report to the ADCNR within 24 hours of discovery the escape of any cervid(s) from the herd enclosure.
- 9. Maintain a current herd inventory on forms as provided by the ADCNR which includes the following records on all cervids in the herd and provide access to the inventory by the ADAI. The inventory should also include information on management subunits that might be useful in assessing risk should a positive animal be diagnosed.
 - a. Official and visible identification as specified by ADCNR.
 - b. Sex, breed, age and date of birth for newborns.
 - c. Disposition of cervids-date and reason for removal from the herd
 - d. Date of entry and herd of origin of acquired cervids.
 - e. Name and address of the person from whom the animal was received.
 - f. Copies of laboratory reports of CWD submissions.
- 10. As requested by the ADAI, present all cervids for verification of inventory by an accredited veterinarian or a state or federal animal health official. This verification will include a cross check of all animal identifications with the previous year and current herd inventory as well as specific information on the disposition of all cervids not present.
- 11. Records will be accessible for review by state or federal animal health officials, upon request during reasonable hours.
- 12. All additions, other than through birth, shall come from other CWD Monitored Herds of Alabama.





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A Cervid owner enrolling in the Alabama Chronic Wasting Disease Monitoring Program must complete this application form. If additional space is needed, please provide the information on a separate sheet of paper and attach it to this form.

Owner Information

Herd Owner-Name:
Herd Owner- Mailing Address:
Herd Owner-City, State, Postal Code:
Trade Name(s) and/or Business Name(s):
Phone Number and E-mail (if available):
Co-Owner(s) -Name:
Co-Owner- Address:
Co-Owner-City, State, Postal Code:
Phone Number and E-mail (if available):
Custodian or Manager –Name (if different):
Custodian or Manager- Address:
Custodian or Manager-City, State, Postal Code:
Phone Number and E-mail (if available):



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Herd Information

Primary/Breeder Herd-Name:	
Primary Herd Location-Street Address, County:	
Primary Herd Location-City, Zip Code and GPS (if available	2):
Secondary Herd-Name:	
Secondary Herd Location-Street Address, County:	
Secondary Herd Location-City, Zip Code and GPS (if availal	ble):
Hunting Preserve-Name:	
Hunting Preserve Location-Street Address, County:	
Hunting Preserve Location-City, Zip Code and GPS (if availa	able):
veterinarian certifying that he or she has establishe veterinarian-patient relationship with my herd. The shown any signs or symptoms of chronic wasting of Department of Agriculture and Industries will not of I hereby certify that I have monitored the health of any other disease have been kept in accordance wit 2003.	ntil I submit a complete herd census and a letter from the herd day valid veterinarian-client relationship with me and a valid e Veterinarian must also certify that no cervid in my herd has disease in the past 12 months. I also understand that the consider my application until it is complete. In the many records regarding chronic wasting disease or the ADAI rule 80-3-6-23 which became effective December 11, wribed in the Alabama Chronic Wasting Disease Monitoring
Owner Signature Date:	Co-Owner Signature Date:
Herd Manager/Custodian Signature (if applicable)	Date:
Approved By:	
Tony Frazier, DVM State Veterinarian	Date:
State Vetermarian	(revised 11/2009)



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Chronic Wasting Disease Monitoring Program Herd Census

Species	# of Males	# of Females	Total
Example: Fallow	10	13	23
·			

Owner Name	



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CWD Monitored Herd Agreement

I agree to the following requirements for the Chronic Wasting Disease Herd Monitoring Plan:

- 1. Samples will be collected and submitted from each animal, 12 months and older, that dies on the farm, including culls for management purpose and CWD results reported to accredited veterinarian. These samples must be submitted to an approved laboratory.
- 2. Each animal will be officially identified as specified by the ADCNR.
- 3. Herd records will be maintained that include each animal in the herd. This will include laboratory necropsy reports on animals that die on the farm, as well as events such as *co-mingling with wild cervids.
- 4. Perimeter fencing, not to include secondary fencing, will be adequate to prevent *comingling with wild cervids.
- 5. Annual examination of the animals in the herd for clinical signs of central nervous system disease or chronic wasting disease will be performed by an accredited veterinarian.
- 6. Records will be maintained of the acquisition, births, and disposition of all animals entering or leaving the herd, including the date of acquisition or removal, name and address of the person from whom the animal was acquired or to whom it was disposed; and cause of death if the animal dies while in the herd.
- 7. Cervid inventory will be reported to the Alabama Department of Agriculture and Industries and USDA each year along with request for re-certification. The inventory will be reconciled with the previous inventory.
- 8. Records will be accessible for review by state or federal animal health officials, upon request, during reasonable hours.
- 9. All additions, other than natural additions, will come from other CWD Certified Herds.

*Co-mingling – for the purposes of this program, co-mingling shall mean sharing common ground and feed and water sources

Herd Name:
Owner Name:
Premises ID No.:
Date:
Signature:

(revised 2014)

Death Loss Report Form

		HERD DEA	THS F	HERD DEATHS FOR YEAR OF:			
N	NAME:	В	BUSINESS:	S:			
AD	ADDRESS:	SP	SPECIES:				
CITY:		ZIP: TO	OTAL N	TOTAL NUMBER OF ANIMALS IN HERD:	S IN HE	RD:	
PHO	PHONE:	PR	REMISE	PREMISES NUMBER:			
#	OFFICIAL IDENTIFICATION	ANCILLARY IDENTIFICATION		SAMPLE SENT TO: (LIST LAB)	AGE	DATE OF DEATH:	SUSPECTED CAUSE OF DEATH:
1							
2							
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4							
5							
6							
7							
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